



State of Montana
Application for
SCHOOL BUS ENDORSEMENT
SKILLS TEST WAIVER
(Only Available through September 30, 2006)

PLEASE RETURN COMPLETED FORM TO:

303 North Roberts Street
PO Box 201430
Helena, MT 59620-1430

APPLICANT INFORMATION:

PRINT NAME (LAST, FIRST, MIDDLE INITIAL)

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MONTANA DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH

APPLICANT CERTIFICATION:

I CERTIFY UNDER PENALTY OF LAW that for the **two-year period immediately preceding** my application for a school bus endorsement, the following statements are true and correct:

Mark with an "X" the statements below that are true:

1. ☐ I have held a valid commercial driver's license (CDL) with passenger endorsement to operate a school bus of the vehicle class for which I am now applying for an endorsement.
2. ☐ My driver's license or CDL has not been suspended, revoked or cancelled, and I have not been disqualified from operating a commercial motor vehicle (CMV).
3. ☐ I have not refused an alcohol test requested by a law enforcement officer under an implied consent law of any state.
4. ☐ I have not been convicted of any major offense listed below while operating either a CMV or a non-commercial vehicle (non-CMV):
 - Driving under the influence of alcohol or a controlled substance.
 - Driving a CMV with an alcohol concentration of .04 or more
 - Driving a non-CMV with an alcohol concentration of .08 or more
 - Leaving the scene of an accident
 - Any felony in which a CMV or non-CMV was used (including any felony involving the manufacture, distribution or dispensing of a controlled substance)
 - Driving while revoked, suspended, cancelled or disqualified
 - Causing a fatality through negligent operation of a motor vehicle
5. ☐ I have not been convicted of more than one of the serious traffic violations listed below:
 - Speeding of 15 miles per hour or more over the legally posted speed limit.
 - Willful reckless driving or reckless driving.
 - Improper lane change.
 - Following the vehicle ahead too closely.
 - A violation of any law or ordinance related to motor vehicle traffic control (other than parking violations, overweight or vehicle defect violations) arising in connection with an accident or collision resulting in death to any person.
 - Driving a CMV without a CDL.
 - Driving a CMV without a CDL on person.
 - Driving a CMV with improper class or endorsement of CDL.
6. ☐ I have not been convicted of any violation of state law or local ordinance related to motor vehicle traffic control arising in connection with any traffic accident and have no record of an accident in which I was at fault.

X Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO: Motor Vehicle Division, Field Operations Bureau, PO Box 201430, Helena, MT 59620-1430

APPLICANT EMPLOYMENT INFORMATION:

Print Applicant's Name (last, first, middle initial):

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A skills test may be waived for a person applying for a school bus endorsement only if the applicant has been regularly employed as a school bus driver, has operated a school bus representative of the class of vehicle for which the applicant seeks the endorsement, and provides evidence of employment as a school bus driver for the **previous two-year period**.

If present employment is less than two years, prior employer(s) must provide employment information needed. If additional space is needed, copy this page, provide it to prior employer(s) for completion and attach.

EMPLOYER INFORMATION:

1 NAME OF EMPLOYER / SCHOOL			
MAILING ADDRESS			
CITY		STATE	ZIP
EMPLOYMENT DATES of APPLICANT FROM		TO CLASS OF CDL	
EMPLOYER / SCHOOL CONTACT NAME		JOB TITLE	TELEPHONE NUMBER: Include area code ()
CERTIFICATION: <i>I certify under penalty of law that I am authorized to represent the above-named employer or school and that the information concerning the applicant's employment and the applicant's <u>operation of a school bus</u> of the class noted during the dates listed while holding a passenger-endorsed commercial driver's license, is true and correct.</i>			
X Signature: _____			Date: _____

2 NAME OF EMPLOYER / SCHOOL			
MAILING ADDRESS			
CITY		STATE	ZIP
EMPLOYMENT DATES of APPLICANT FROM		TO CLASS OF CDL	
EMPLOYER / SCHOOL CONTACT NAME		JOB TITLE	TELEPHONE NUMBER: Include area code ()
CERTIFICATION: <i>I certify under penalty of law that I am authorized to represent the above-named employer or school and that the information concerning the applicant's employment and the applicant's <u>operation of a school bus</u> of the class noted during the dates listed while holding a passenger-endorsed commercial driver's license, is true and correct.</i>			
X Signature: _____			Date: _____

3 NAME OF EMPLOYER / SCHOOL			
MAILING ADDRESS			
CITY		STATE	ZIP
EMPLOYMENT DATES of APPLICANT FROM		TO CLASS OF CDL	
EMPLOYER / SCHOOL CONTACT NAME		JOB TITLE	TELEPHONE NUMBER: Include area code ()
CERTIFICATION: <i>I certify under penalty of law that I am authorized to represent the above-named employer or school and that the information concerning the applicant's employment and the applicant's <u>operation of a school bus</u> of the class noted during the dates listed while holding a passenger-endorsed commercial driver's license, is true and correct.</i>			
X Signature: _____			Date: _____